Laboratory Responsibilities for TB

**Positive AFB Stain**
Whenever a clinical laboratory finds a positive AFB stain in a patient with known or suspected tuberculosis and the patient has not had a culture which identifies that acid fast organism within the past 30 days, the clinical laboratory shall culture and identify the acid fast bacteria or refer a subculture to another laboratory for those purposes.

**Positive TB Culture**
Any laboratory that isolates *Mycobacterium tuberculosis* from a patient specimen must submit a culture to the public health laboratory as soon as available from the primary isolate on which a diagnosis is established.

The public health laboratory will do further tests for strain typing of the isolate.

**Drug susceptibility**
When tuberculosis is detected, clinical laboratories must test the specimen for drug susceptibility. The exception is if such testing has already been performed on a sample obtained from the same patient within the previous three months.

**Multi-drug resistant TB**
If drug susceptibility testing determines the culture to be resistant to at least isoniazid and rifampin, prepare another culture or subculture from each patient for the public health lab. Because multi-drug resistant (MDR) TB patients pose a high risk to public health, all instances of MDR TB must be reported promptly to the public health department.

**Phone or fax positive culture reports within 1 working day**

1. (650) 573-2346
2. (650) 573-2919 fax

Include this information in your report:
- Date specimen was obtained and source (sputum, wound drainage, etc.)
- Specimen accession or unique ID
- Lab findings for tests performed and date of result
- Patient ID
- Patient info (name, gender, DOB, address, phone)
- Health care provider who ordered test (name, address, phone)

Note that both the laboratory and the physician make reports to the health department.